	RCS exempt per AR 335-15, paragraph 5-2b(1). 1. FROM (Unit Address to include PAS)		
Notice of			
Indebtedness			
[For use of this form see USARC Pam 37-1; the proponent agency is the DCS, G-8.]			
2. SOLDIER'S NAME (Last, First, Middle/MI as shown on MMPA)	3. SSN (As shown on MMPA)	4. GRADE	5. SUSPENSE DATE
SECTION I - STATEMENT OF INDEBTEDNESS			
6. The attached documents indicate you are indebted to the U.S. Government for \$ Please complete Section II below by the suspense date. Your reply is necessary, or we will collect the debt beginning with your next pay after the suspense date, per Department of Defense Financial Management Regulation (DODFMR Vol 7A), Chapter 52.			
7. COMMANDER'S SIGNATURE	8. DATE		
SECTION II - COLLECTION AUTHORIZATION			
9. AGREEMENT. I agree with the validity of this debt and: (Check one)			
a. Request routine collection so that I receive my one-third statutory pay.			
b. Request accelerated collection. I understand that I will receive no pay until the total debt is collected.			
c. Request pro-rated collection of \$ per day (AT/ADT/ADSW and/or IDT period). Attach statement from soldier explaining hardship if pro-ration request is less than 2/3 of pay. (NOTE: Commander must complete Section III if block 9c is selected by soldier.)			
10. REQUEST WAIVER. I request a waiver of an erroneous payment. I have attached a completed DD Form 2789.			
11. DISAGREEMENT. I disagree with the validity of this debt. My written protest is attached.			
12. SOLDIER'S SIGNATURE		13. DATE	
SECTION III - COMMANDER'S RECOMMENDATION [Only complete if soldier selected 9c above.]			
14. Recommend this soldier's request for prorated colle approved.	ection of \$	pei	day be
15. Your request for proration of this debt is recommended for disapproval for the following reason(s):			
ı			
		•	
16. COMMANDER'S SIGNATURE		17. DATE	